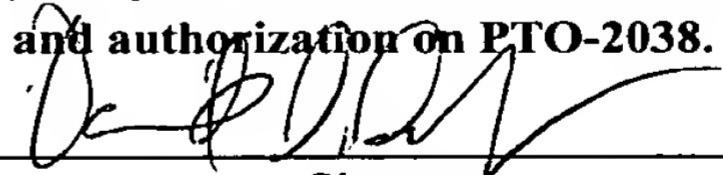


#15
3-14-03
on

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 741124-76										
<p>CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Washington, DC 20231, on <u>February 26, 2003</u></p> <p><i>K.M. McManus</i> Name: K.M. McManus</p>												
In re Application of Hans -Jurgen LIENESCH et al. Application Number 09/780,379 Filed 02/12/2001 For BODY TO BE BONDED TO A MACHINE HOUSING Group Art Unit 1772 Examiner Loney												
RECEIVED MAR 10 2003 GROUP 1700												
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410)</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930)</td> <td>\$ <u>465.00</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970)</td> <td>\$ _____</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is <u>\$465.00</u>.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u>. I have enclosed a duplicate copy of this sheet.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930)	\$ <u>465.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970)	\$ _____
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ _____											
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410)	\$ _____											
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930)	\$ <u>465.00</u>											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450)	\$ _____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970)	\$ _____											
<p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p>												
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>												
<u>February 26, 2003</u> Date		 Signature <u>David S. Safran</u> Typed or printed name										
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>												

03/06/2003 LWONDIM1 00000075 09780379

01 FC:2253

465.00 OP